

The Uplands Medical Practice

Inspection report

Bury New Road
Manchester
M45 8GH
Tel: 01617668221

Date of inspection visit: 13/10/2022
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

| Overall rating for this location | Requires Improvement |  |
|--|----------------------|---|
| Are services safe? | Good |  |
| Are services effective? | Requires Improvement |  |
| Are services caring? | Requires Improvement |  |
| Are services responsive to people's needs? | Requires Improvement |  |
| Are services well-led? | Requires Improvement |  |

Overall summary

We carried out an announced comprehensive inspection at The Uplands Medical Practice on 13 October 2022. Overall, the practice is rated as requires improvement. We found that since our last inspection improvements had been made in some areas, but further improvement was required in others.

Safe - good

Effective - requires improvement

Caring - requires improvement

Responsive - requires improvement

Well-led - requires improvement

Following our previous inspection full comprehensive inspection on 1 September 2021 the practice was rated requires improvement overall. The safe, effective, caring and responsive domains were rated as requires improvement. The well led domain was rated as inadequate.

The full reports for previous inspections can be found by selecting the 'all reports' link for The Uplands Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this full comprehensive inspection in response to risk as the last inspection rated the practice as overall requires improvement. This inspection was a comprehensive inspection of all five key questions.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included :

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

Overall summary

We have rated this practice as requires improvement overall

We have rated this practice as good for providing safe services because:

- Safeguarding systems were well managed.
- Health and safety and infection control had improved and were managed to keep patients safe.
- The safe use of medicines was promoted. Systems of medicines management had improved.
- Significant events and safety alerts were now well managed and shared with staff for learning.

We have rated this practice as requires improvement for providing effective, caring, responsive and well-led services because:

- Childhood immunisations and cervical screening data was below local and national average and required further improvement.
- Staff were now supported in their role with training and supervision.
- Clinical audits were carried out to ensure the ongoing improvement of the service.
- Patients raised concerns about trying to access the service and their overall experience of using the practice services.
- Carers were well supported.
- Patients had raised concerns with the CQC about the standard of the service provided.
- Complaint systems and process had improved and were now well managed.
- There was still a turnover of staff at the practice. A new practice manager had been employed and GPs had left resulting in the practice now using locum GPs.
- The practice governance arrangements had improved but further improvements were required regarding patient experience.

We found one breach of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a second inspector, and a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and record reviews without visiting the location.

Background to The Uplands Medical Practice

The Uplands Medical Centre is located at

Bury New Road

Bury

Manchester

M45 8GH

The provider is registered with CQC to deliver the Regulated Activities of diagnostic and screening procedures, maternity and midwifery services, family planning, treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the Bury Integrated Care System (ICS) and delivers General Medical Services to a patient population of about 8,000. This is part of a contract held with NHS England.

Information published by Public Health England shows that deprivation within the practice population group is number 5 on a scale of one to ten. The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 89% White, 6% Asian, 2% Black, 2% Mixed, and 2% Other.

The practice is part of a wider Whitfield network of GP practices.

There is a team of nine GPs; one GP partner, one salaried GP and seven locum GPs who provide cover at the practice. The practice has two locum practice nurses and a health care assistant along with two pharmacists employed by the Primary Care Network and two Pharmacists contracted via an agency on a long-term basis.

The practice has a clinical team made up of an advanced clinical practitioner, a student practice nurse, a clinical pharmacist, a physician associate, two healthcare assistants a physiotherapist and a mental health practitioner. These staff provide services for long-term conditions and other specific conditions.

The clinical teams are supported by a team of reception/administration staff who are led by a practice manager who provides managerial oversight.

The practice is open between 8am and 6.30pm Monday to Friday and appointments are available from 8am to 6pm. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. The practice also has appointments on the weekend from 8am to 8pm as part of the extended hours provision.

Extended access is provided locally by The Bury GP Federation where late evening and weekend appointments are available. Out of hours services are provided by BARDOC.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• Improve the data for childhood and cervical screening rates.• Improve patient access and patient overall experience of using the service.• Take steps to stabilise the clinical and management staff team. |